

Inspection, Testing, and Maintenance Cover Sheet
NFPA 25 as amended by CCR, Title 19

Property Information:

Name: _____ Occupancy /Use: _____

Address: _____ Construction Type: _____

City: _____ No. Stories: _____

ZIP: _____ Year Constructed: _____

Contact: _____

Telephone: _____



Contractor Information:

Name: _____

Address: _____

City: _____

State: _____

Telephone: _____

CA License# _____

Job # _____

Performed by: _____
 (Print)

_____ Number of System Risers

Copy sent to:

☐ Owner Date _____

☐ Fire AHJ Date _____

☐ Contractor Date _____

NOTES:

1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2002 Edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection Items may be performed by the Owner in accordance with California Code of Regulations Title 19 §904.1(a)

Note: Contractor information may be pre-printed

Forms included with this report	NFPA 25 Chapter	Number of Forms	N/A	FAIL*	PASS
<input type="checkbox"/> Automatic Sprinkler System	5				
<input type="checkbox"/> Standpipe and Hose Systems	6				
<input type="checkbox"/> Private Water Supply System	7				
<input type="checkbox"/> Fire Pump	8				
<input type="checkbox"/> Water Storage Tank	9				
<input type="checkbox"/> Water Spray System	10				
<input type="checkbox"/> Foam Water Sprinkler System	11				

*See "Deficiencies and Comments" section at end of each respective form.